

Why not the same technique for cementing good patient-doctor relationships? There are a great many practical messages that the doctor can send to patients. These may take the form of a personal letter, a circular letter, a printed folder.

On July 25, 1952, Dr. Bernard P. Harpole, of Portland, Oregon, started a letter to his patients which he sent out with his monthly bill. In it he gave health hints, discussed medical economics, extended season's greetings, suggested what to do in emergencies, and how patients might help him improve his service, etc. A similar approach may provide Canadian doctors with a PR medium. Interested readers may obtain copies of some of Dr. Harpole's letters from Public Relations Forum, Canadian Medical Association, 244 St. George Street, Toronto 5, Ontario.

## Men and Books

### JOHN HILTON: "REST AND PAIN"

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DURING THE YEARS 1860, 1861 and 1862, a series of 18 lectures was delivered at the Royal College of Surgeons of England by John Hilton, "Surgeon Extraordinary to Her Majesty the Queen, Consulting Surgeon to Guy's Hospital, late President of the Royal College of Surgeons of England, Etc., Etc., Etc." The title page of the volume in which these lectures were published reads as follows: "On Rest and Pain, a Course of Lectures on the Influence of Mechanical and Physiological Rest in the Treatment of Accidents and Surgical Diseases and the Diagnostic Value of Pain."

Although it is nearly a century since this book appeared, there are several reasons why the student and the practitioner of today should make its acquaintance. It is true that in those days physiology was elementary, biochemistry was primitive, bacteriology was not yet born and radiology was undreamed of. But anatomy was studied and pondered over with a thoroughness that is no longer deemed necessary, and clinical observation was the key to medical progress. Life was more leisurely in those days; there were fewer extraneous distractions, there were not so many competing avenues of research, there were no short cuts to diagnosis such as electrocardiography or myelography. The doctor depended for enlightenment mainly on his five senses and his accumulated expe-

rience. Today, in the larger centres at least, although we continue to pay lip-service to clinical observation, the practice of medicine has become more and more mechanized. The gain in objective accuracy is very considerable (and very expensive), and yet we have lost something too. When we peruse the writings of the great clinicians of the past, we cannot but admire the amount they accomplished by the use of their eyes and ears and by thinking over what they observed. Much escapes our notice when we are jet-propelled.

The more popular "Histories of Medicine" give little information about John Hilton. For much that follows I am indebted to the graphic pen of Sir Arthur Keith. Hilton was born in 1807 in North Essex, of pure Saxon stock. At the age of 17 he went to London and attached himself to Guy's Hospital in the Borough. In 1828 he became a demonstrator of anatomy, and in the dissecting room he remained for the long period of 17 years. In 1845, when he had reached the age of 38, he was appointed to the posts of assistant surgeon and lecturer on anatomy. These were the days before Darwin's "Origin of Species" had introduced the idea of evolution to the scientific world. The dominant influence in biological thinking was that of William Paley, an Anglican divine. In 1794 Paley published a celebrated book, "View of the Evidences of Christianity", and in 1802 there appeared "Natural Theology or Evidences of the Existence and Attributes of the Deity Collected from the Appearances of Nature." These volumes are still obtainable in the second-hand bookstores in Great Britain. Paley laid stress on the manifestations of design, especially in human anatomy. Each part was created for a specific purpose. Usually the word "teleological" is employed to describe this viewpoint, generally with a little raising of the eyebrows. It is, however, nowadays quite praiseworthy to point out the correlation between form and function, provided one does not insist that the relationship is one of cause and effect. Hilton's view of anatomy was frankly teleological so that he could describe the subclavian artery and its branches as the "artery of respiration", and the coeliac as the "artery of digestion." The nerves of the body were thought of in a similar manner. In Lecture VII he says: "In order to bring in a comprehensive and definite form before you this fact, which is so important on anatomical, physiological, and pathological grounds, I will state it thus:

The same trunks of nerves whose branches supply the groups of muscles moving a joint furnish also a distribution of nerves to the skin over the insertions of the same muscles; and—what at this moment more especially merits our attention—the interior of the joint receives its nerves from the same source.

This implies an accurate and consentaneous physiological harmony in these various co-operating structures."

"The object of such a distribution of nerves to the muscular and articular structures of a joint in accurate association is to secure mechanical and physiological consent between the external muscular or moving force, and the vital endurance of the parts moved, namely, of the joints, thus securing in health the true balance of force and friction until deterioration occurs." The importance of this principle is illustrated in the actions of standing, walking, jumping, and prehension.

In these pre-Listerian days, a large part of surgical practice consisted in opening abscesses. Lecture VI is devoted to this subject. A quotation from the summary at the head of the chapter reads as follows:

"Abscesses opened to secure co-aptation to their internal surfaces and to permit their union by giving them rest—Principle exemplified in sub-mammary, knee-joint, axillary, orbital, cervical, post-pharyngeal, iliac, subgluteal, sub-fascial, and sub-muscular abscesses, together with the best method of opening an abscess . . ." The author lays stress on the necessity of opening an abscess at its lowest point if adequate drainage is to be secured. It may be interesting to quote his own description of the method of evacuating a collection of pus which, to this day, is spoken of as "Hilton's method":

The plan I have been in the habit of adopting and recommending is this;—in the case for example of opening a deep abscess in the axilla—cut with a lancet through the skin and cellular tissue and fascia of the axilla about half or three-quarters of an inch behind the axillary edge of the great pectoral muscle. At that part we can meet with no large blood-vessel. . . . Then push a grooved probe or grooved director upwards into the swelling in the axilla; and if you will watch the groove in the probe or director as it is being passed up through the comparatively healthy tissues into the axilla, a little stream of opaque serum or pus will show itself. Take a blunt (not a sharp) instrument, such as a pair of dressing forceps, and run the closed blades along the groove in the probe or director into the swelling. Now, opening the handles, you at the same time open the blades situated within the abscess, and so tear open the abscess. Lastly, by keeping the blades of the forceps open during the withdrawal of the instrument, you leave a lacerated track or canal communicating with the collection of pus, which will not readily unite and will permit the easy exit of the matter. In this way you may open an abscess deep in the axilla or in other important parts of the body, without fear of inflicting any injury upon the patient.

There follow case-histories to illustrate the use of the method in different situations. All are related in a brisk and lively style, with more than one touch of sly humour.

Hilton was essentially a conservative surgeon. He was a staunch believer in the *Vis medicatrix naturæ*. "I feel convinced that, under the most favourable circumstances, all that any of us can accomplish is to give rest to the parts, and enable Nature, through her own efforts, steadily to play her part, while we, as Nature's willing servants, act in the hope that . . . we may facili-

tate her efforts to repair the injury she may have sustained. In fact, nearly all our best-considered operations are done for the purpose of making it possible to keep the structures at rest, or freeing Nature from the disturbing cause which was exhausting her powers, or making her repeated attempts at repair unavailing." A cheery little anecdote related in Lecture III illustrates his fundamental viewpoint.

A few weeks ago a surgeon from the country came to my house with a patient. He said, "I want to consult you about a young lady who has a diseased toe." With her was a relative, an elderly gentleman, a very kind-hearted man, who thinks himself a good surgeon, and goes about doctoring people, sometimes doing harm, and sometimes, perhaps, a great deal of good. He is very fond of animals and has a number of pets. After I had examined, with the surgeon, the lady's toe, the elderly gentleman said, "Well, Mr. Hilton, what are you going to do to cure this young friend of mine?" I said, "I think we shall put a splint on the foot and keep the toe very quiet, attend to her general health, and Nature, in all probability, will do the rest." I then said to him, "What led you to adopt the occupation of a philanthropic surgeon in addition to your other occupations?" "Well, Mr. Hilton," he replied, "I will tell you. You know I am very fond of animals. Some years ago I caught a live mouse in a trap. I took it in my hand, and I said to myself, 'Poor thing, you must have suffered a good deal. You have had a severe laceration of your cheek; one of your eyes has been torn out; your skull has been broken and, instead of having bone covering your brain, you have now only a thick, dense membrane defending it.' Then I thought to myself, 'This mouse must have had difficulties in the treatment of its injuries; and,'—interrupting the relation of his story he said, "I hope you won't be offended at what I am going to say?" "No," said I, "not in the least." "Well," he continued, "I said to myself, 'Surely this mouse, although it is cured, never had a physician or a surgeon!' I quite agree with you, Mr. Hilton, that Nature is a very valuable surgeon."

It would be well, I think, if the surgeon would fix upon his memory, as the first professional thought which should accompany him in the course of his daily occupation, this physiological truth—that Nature has a constant tendency to repair the injuries to which she may have been subjected, whether these injuries be the result of fatigue or exhaustion, of inflammation or accident.

That the term "rest" was to be interpreted in the widest possible way is indicated in Lecture XI. "A physician residing not very far from me had under his care a patient who had received a blow on his chest by a fall upon the part; and as he was after several days, still suffering a good deal of pain in breathing, the physician asked me to see him in reference to the possibility of fractured ribs. I could find no fracture; but I observed that the patient had a most worrying wife. She was incessantly talking to him day and night, and there were continued contentions between them upon domestic affairs. I suggested to the physician that the sole cause of the pain was in all probability produced by the patient constantly moving the injured or bruised soft parts by using his chest and lungs in speaking. All I recommended was that he should hold his tongue and have his chest bandaged. I requested that his wife would not say

a word to him but would provide him with a slate and pencil so that he might write down all his desires. From that time he got quickly well *by local rest*." The last three words are italicized in the published account; I rather think that Hilton was smiling to himself as he wrote them down.

Somehow or other the name of Hilton has been identified with the doctrine of rest, without taking into equal account his teachings on pain. In Lecture VII, he refers to pain as "Nature's warning prompter"; on every occasion he lays stress on the necessity for finding out exactly what the lesion is that is responsible for the pain. The following paragraphs are not so very old-fashioned.

When a patient complaining of pain applies to a surgeon, the surgeon ought to seek for the real cause. He ought not to be satisfied as is too frequently the case with saying, "Oh, it is rheumatism" (the favourite phantom). "You have caught a cold." "You have been standing in a draught of air" . . . "it is the easterly wind which has been lasting so long; wait till the wind changes." "It is gout." The patient says, "It cannot be; I live so carefully." "But," says the surgeon, "you have inherited it from your father or your great-grandmother; or you must have had a blow on the part some time ago, which you do not recollect—that is all."

Now, external pain or pain upon the surface of the body if properly appreciated, may be considered as an external sign of some distant derangement. If the pain persists,—if it does not depend on any transient cause—it becomes necessary to seek the precise position of the pain; and as soon as we recognize the precise position of the pain, we are enabled, by a knowledge of the distribution of the nerve or nerves of the part, to arrive at once at the only rational suggestion as to what nerve is the exponent of the symptom. By following centripetally the course of that nerve, and bearing in mind its relation to surrounding structures, we shall—in all probability—indeed most likely be able to reach the original, the producing cause of pain, and, consequently, to adopt the correct diagnosis.

The use of the affected nerve as an indicator of the region involved is illustrated by several case-histories, driving home the point that it is necessary to determine exactly and minutely the particular nerve involved. Hilton was ever alert to increase the preciseness of his anatomical knowledge.

A short time since, a man, who is now undergoing the punishment of penal servitude, attempted to cut his wife's throat. In drawing the razor across her neck, he divided the auricular branch of the second cervical nerve, and gave me the opportunity of ascertaining the distribution of that nerve. My dresser, as well as myself, pricked with a needle over the whole of the auricular surface, and ascertained minutely the precise position of the loss of sensation consequent upon the division of the cervical nerve; while the skin which retained its sensation indicated with equal precision the distribution of the fifth cerebral nerve upon the external ear.

Lecture V is devoted entirely to the subject of "pain as a local symptom in relation to diseases of the spine". "I will, for the sake of

brevity, endeavour to reduce my views to the form of a proposition. I would state then: that superficial pains on both sides of the body, which are symmetrical, imply an origin or cause, the seat of which is central or bilateral; and that unilateral pain implies a seat of origin which is one-sided, and as a rule, exists on the same side of the body as the pain." Illustrative cases are cited, e.g., "Case of diseased spine with symmetrical abdominal pains". "Disease of the spine with pains in the back of the head". "Disease of the spine with pain at the back of the head and over the left shoulder and in the left arm." "Disease of the spine with loss of power and sensation in the limbs". "Case of diseased spine; sudden death of the patient (from pressure by the odontoid process of the axis upon the medulla)." "Case of diseased spine, with post-pharyngeal abscess, from which were expelled portions of the atlas and axis". So much progress has been made in the diagnosis and treatment of tuberculosis that examples of the clinical conditions described by Hilton are unlikely to be met with nowadays except in remote parts of the country, for instance, among Indians and Eskimos.

Lectures XIV and XV are devoted to disease of the hip-joint; most of the cases described are undoubtedly examples of tuberculosis, yet the opening sentences make it very clear that the author was little inclined to accept all lesions of the hip-joint as "scrofulous." "If the surgeon affix such an idea to every case, or to the majority of cases of hip-joint disease coming under his notice, he will feel little disposed to adopt anything like a persevering plan in his practice, and without such a plan he will surely fail in the proper treatment of the disease." One figure portrays a splint devised by Hilton for the treatment of a little girl aged seven. "When admitted into Guy's in June 1860, she had all the indications, local and general, of severe hip-joint disease with deep suppuration in the anterior, upper and outer part of the thigh. The limb was flexed and adducted; the patient was suffering great pain in the hip, had little sleep at night, and little or no appetite. Chloroform was administered, and the contracted muscles of the joint yielded steadily and nicely to carefully applied extension. The flexed limb was made straight, and a long common iron splint applied along its outer side extending from near the axilla to the foot with a transverse bar to prevent rotation. Immediately after the application of the splint, all the disturbing symptoms began to disappear and her appetite returned. In February 1861, there was not a single symptom." Ankylosis had occurred.

Lecture XVIII is the last of the series, and in it the last case he describes is interesting as a sidelight on Hilton's enthusiasm for getting to the root of things, and also as a contrast to present-day funeral arrangements.

A young gentleman, eighteen years of age, tolerably healthy, and living at Islington, was always active and fleet of foot. On Friday, January 10, 1862, he ran two miles right off to a friend's house, and, after resting for a short time, he ran two miles back home but suffered no known inconvenience from that exertion. On the Sunday evening following, returning from chapel, wearing a very narrow, high-heeled boot, and walking at the edge of the pavement, his left foot turned inwards with a sudden jerk or twisting sensation, and he exclaimed to his sister, who was with him, "Oh, I have twisted my foot; I never had such a dreadful wrench before." He walked home, and, excepting at the time of the strain, he felt but little of the injury during that evening or night. He limped to his business—10 minutes walk from his home—on Monday morning, when the pain in his leg near the ankle became so great that he returned home; he limped, and could scarcely bear any weight on the foot."

A week later the patient was seen by Hilton who "believed the soft parts between the shaft and the lower epiphysis of the tibia were injured . . . he had a small collection of pus deep in the leg at the inner and back part of the tibia. I did not again see this patient alive. Five or six days afterwards he died with what was thought to be typhoid fever."

By chance on the day of his funeral, I heard of his death. I immediately wrote to his relations, and obtained permission to make an examination of the leg. I went to the house early on the following morning; the hearse was at the door, so that I had only time to unscrew the coffin and examine the leg. The periosteum was separated from the inner, anterior, and the posterior parts of the lower portion of the tibia by a considerable collection of pus, which was confined in its position by the periosteum. I took away the bit of the tibia, and it fairly remunerated me for my trouble.

It may be worth while to quote the concluding paragraphs of the book in which he summarizes his aims and his frame of mind:

I trust I have neither dogmatized nor spoken presumptuously . . . I have herein endeavoured to show that "Rest" is a most important therapeutic agent in the cure of accidents and surgical diseases. To illustrate the varied applications of this principle, I first surveyed, as fully as my limits permitted, the marvellous contrivances which Nature has employed for securing rest to the different organs of the body when in health. I then depicted the instinctive promptings of Nature to secure 'Rest' on the occurrence of accident or disease. Lastly, I attempted to shadow forth the different appliances for the attainment of rest with which that surgeon only will become familiar who has an accurate knowledge of the anatomy and physiology of the different parts which he may be called upon to treat.

I have also endeavoured to impress upon you the fact that every pain has its distinct and pregnant signification, if we will but carefully search for it. To the extent of my present opportunity I have striven, by the agency of a more precise nervous anatomy, to unravel and render patent the meaning of pains which have been so often described as *anomalous* or *obscure*. From the pain which follows the intrusion of a particle of dust on the conjunctiva and the closure of the eyelid for the security of rest, up to the most formidable diseases we have to treat, pain the monitor, and rest the cure, are starting points for contemplation which should ever be present to the mind of the surgeon in reference to his treatment.

I trust that in the foregoing lines there has been presented a trustworthy picture of this remarkable book, and to some extent of the man who wrote it. Some books live because of the thesis they elaborate; others because the personality of the author shines through them. *Rest and Pain* lives for both reasons. It will continue to live for an even simpler reason; it is readable.

## REFERENCES

1. HILTON, J.: *Rest and Pain*. George Bell and Sons, London, 2nd ed., 1877.
2. KEITH, A.: *Menders of the Maimed*. Oxford University Press, Oxford, 1919.

## GENERAL PRACTICE

THE FAMILY PHYSICIAN:  
A VANISHING CANADIAN?

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THE TREND towards increasing specialization in medicine during the last 30 years has had great advantages, especially in a technical sense. Incredible surgical procedures are undertaken successfully and rare conditions in the field of endocrinology are ceaselessly studied and elucidated. The common infectious diseases can be prevented or relatively easily cured. Even poliomyelitis is yielding to the Salk vaccine and developments in virology.

But, as in other fields, technology has outstripped social organization. People still live in groups. They still have families. And even in cities, people like to know their doctor, traditionally a man or woman who has known their particular family over a long period of time. He has always been, and will again be, a rock standing safe in the shifting sands of urban social change.

This is no plea for a return to the horse-and-buggy days. The horse and buggy has now become a flashing automobile. The old physician's single ledger has now become an imposing filing cabinet. The small office has become a big office. The common cold has become coryza. The hungry baby of the overanxious mother has become the hypertonic infant. But people have remained the same. And now, even more than in the past, they need one interested physician who will guide them through the maze of medical technology, and who will provide genuine interest and friendship which means so much more than techniques.